

2015 Volleyball Team Roster & Liability Release

Team Name_____

Manager's Name_____

I, the undersigned, understand and accept the risks inherent in athletic activity/completion and agree that I undertake such activity of my own free will. Further, I, the undersigned, understand that as a voluntary participant in the Blue Lake's Volleyball League, I hereby release the City of Blue Lake, its Recreation Department, and its employees from any and all responsibility and or liability should injury, physical or mental befall me while participating in said program.

Players

Name

Signature

1. _____

2. . _____

3. . _____

4. . _____

5. . _____

6. . _____

7. . _____

8. . _____

9. . _____

10. . _____

11. _____

12. _____